Lifechurch Global Missions

Allentown PA

**CONSENT FOR TREATMENT FORM**

Lifechurch Global Missions and the appointed team leaders have my permission to authorize any medical treatment deemed necessary for me or my child by the aforementioned and the attending physician, including administration of medication, anesthesia, emergency surgery or hospitalization. I agree to assume complete financial responsibility for all medical bills incurred, including travel expenses not covered under my medical or travel insurance.

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Signature of Team Member (or parent/guardian if under 18)

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Date